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| | FOR UTILI | I I OK | First Named Inventor | | | | | | |
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| DESIGN | | | MICHAEL J. STEC | | | | | | |
| PATENT APPLICATION | | | COMPLETE IF KNOWN | | | | | | |
| (37 CF | R 1.63) | | Application Number | | | | | | |
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| Submitted OR With Initial | Filing (sa | ed after Initial urcharge | Art Unit | | | | | | |
| Filing | required | R 1.16 (e)) i) | Examiner | Name | | | | | |
| I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for | | | | | | | | | |
| which a patent is sought on the | | | ~~~ | | | | | | |
| DESCENTING APPAR | RATUS AND | METHOD | | | | | | | |
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| the specification of which | | (Title of the | invention) | | | | | | |
| is attached hereto | | | | | | | | | |
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[Page 1 of 2]

DECLARATION — Utility or Design Patent Application

| correspondence to: | e address sociated with stomer Number | 1 | 48981 | | OR _ | Correspondence address below | |
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| NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor | | | | | | | |
| Given Name (first and middle [if any]) | | | Family Name or Surna | | | | |
| MICHAEL J. | | | STEC | | | | |
| Inventor's Signature Wilhard U | St | . | | , | | Date & ↑ - o 6 | |
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| Additional inventors or a legal representative are being named on thesupplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | | | | | |

PTO/SB/81 (01-06)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| Application Number | |
|------------------------|---------------------------------|
| Filing Date | |
| First Named Inventor | MIHAEL J. STEC |
| Title | DESCENTING APPARATUS AND METHOD |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | | | | |
|---|---|-----------------------|---------------------|---------------|---------------------|-----------|---------------------|-----------|---|---|
| I hereby appoint: | | | | | | | | | | |
| | Practitioners associated with the Customer Number 48981 | | | | | | | | | |
| | Practitioners associated with the Customer Number: OR 48981 | | | | | | | | | |
| | JK. | | | | | | | | | |
| | Practitioner(s) named below: | | | | | | | | | |
| | Name | | | | Registration Number | | | | | |
| | James C. Simm | | | | | | | | | |
| | James C. Smin | IOHS | | | | 28474 | | | | |
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| as my | /our attorney(s) | or agent(| s) to prosecute the | e application | identified above | , and to | transact all busine | ss in the | United States Patent and | |
| Trade | mark Office conn | ected th | erewith. | | | | | | | ႕ |
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| OR | | | | | | | | | | |
| | Firm or Individual | Name James C. Simmons | | | | | 1 | | | |
| | Address | | | | | \neg | | | | |
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| I am t | | | 710-032-7702 | | | Lillan | 1 | | | ᅴ |
| Applicant/Inventor. | | | | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. | | | | | | | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | | | |
| Signa | ture | M. | Roels | Stee | | | T | Date | 8.7.06 | Ħ |
| Name | | Michael | J. Stec | | | | T | elephone | | |
| Title and Company | | | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | | | |
| | *Total of 1 forms are submitted. | | | | | | | | | |

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